

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10218441

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 30            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 30 minus 20 = |                          |
| INDEPENDENT CLAIMS               | 3 minus 3 =   |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS 18=    |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     | 385.00 |

OTHER THAN  
SMALL ENTITY

8-12-07 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       |
|--|---|-------|---|--|
|  | Total                                     | 20    | Minus                                       | 20 <input checked="" type="checkbox"/> |
| Independent                                    | 3   | Minus | 3   | <input checked="" type="checkbox"/>    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/>               |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|                 |                        |                    |                        |
|-----------------|------------------------|--------------------|------------------------|
| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9=           |                        | OR XS 18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       |
|--|---|-------|---|--|
|  | Total                                     | 14    | Minus                                       | 20 <input checked="" type="checkbox"/> |
| Independent                                    | 3   | Minus | 3   | <input checked="" type="checkbox"/>    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/>               |

|                 |                        |                    |                        |
|-----------------|------------------------|--------------------|------------------------|
| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9=           |                        | OR XS 18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA            |
|--|---|-------|---|-----------------------------|
|  | Total                                     | 14    | Minus                                       | 20 <input type="checkbox"/> |
| Independent                                    | 3   | Minus | 3   | <input type="checkbox"/>    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/>    |

|                 |                        |                    |                        |
|-----------------|------------------------|--------------------|------------------------|
| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| XS 9=           |                        | OR XS 18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.